

IV. Statement of claim

C.

On March 20, 2003 while attending to my regular duties as a janitor in the medical department at SCI-Albion I suffered an injury to my right arm and shoulder while moving rugs located in the medical department. An incident report was immediately filed by my work supervisor confirming the injury had occurred while working.

On March 24, 2003 I was evaluated by Physician's assistant Dan Telega who referred me to Dr. Bashline for further examination. Dr. Bashline then referred me to Dr. Fraider who is an orthopedic specialist who is contracted by Prison Health Services to do consultations at SCI-Albion. On April 16, 2003 I was examined by Dr. Fraider without any X-rays or an MRI. Dr. Fraider stated that my injury was "cosmetic in nature and self-healing" and that the institution's insurance would not pay for surgery to repair the damage.

On October 28, 2003 Plaintiff was sent out to Millcreek Hospital for a second opinion and was examined by orthopedic specialist Dr. Bleday, who took some X-rays and contrary to the opinion of defendant Fraider found a number of things wrong:

1. a ruptured bicep tendon
 2. problems with the rotator cuff
 3. bone spurs in the right shoulder
 4. problems with the shoulder ball and socket
- all of which would require surgical intervention.

On September 16, 2004 plaintiff was taken to Hamot Medical Center and examined by Dr. Sharma who stated that at this point nothing could be done due to the length of time which has elapsed since the injury. Plaintiff is continually in pain and it is obvious that these multiple injuries have not healed themselves as defendant Fraider claimed they would. Plaintiff is right handed and such a severe injury to his right arm will undoubtedly effect plaintiff's livelihood as a professional auto painter and mechanic upon his release from prison.

Plaintiff contends that the defendant's were deliberately indifferent to his serious medical needs by not providing adequate treatment to his injury and plaintiff further contends that the defendant's sole reason for not providing treatment was the cost of said treatment which is in violation of 42 U.S.C. §1983

OIL VALLEY**ORTHOPEDICS
& SPORTS MEDICINE**

Raymond M. Bleday, DPM, MD

October 28, 2003

Mark Baker, DO
Medical Director
Albion State Prison
10745 Route 18
Albion, PA 16475

RE: Samuel Mendez *LYB22*

Dear Mark,

I am writing a letter of medial necessity regarding our mutual patient, Samuel Mendez. Mr. Mendez was seen by my service this date at the Millcreek Community Hospital Fracture Clinic. He was accompanied by two guards. His complaint was a right biceps tear and shoulder pain. Apparently he injured himself while picking up a wet runner mat working on the medical floor at Albion Prison. He felt sudden onset of pain. He was apparently seen by another orthopedist who verified the diagnosis of a biceps tear. However, he was told that repair would be cosmetic and that he should not suffer any function deficit.

Mr. Mendez continues to have right shoulder and arm weakness and pain. He can not achieve a full overhead motion and has problems lifting up heavier objects. He also relates mechanical symptoms of clicking and catching within the shoulder. The patient relates that he is an auto body worker, mechanic and a musician. Consequently, he would like to have his right biceps repaired, if possible.

I have advised that he receive an arthrogram MRI. I also suggested surgical intervention which would include a right shoulder arthroscopy for debridement of a biceps tendon tear stump, removal of bone spurs with a subacromial decompression and distal clavicle resection, as well as a mini-open proximal biceps tenodesis. Scheduling of his radiographic study and surgery are pending your approval for medical necessity.

Thank you for allowing me to participate with the treatment of this patient. If you have any questions or need any further information, please feel free to contact me.

Not yet met on 11/25

Yours truly,

Raymond Bleday, MD

R. Bleday MD

ISO
Mark Baker
Medical Director

CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) Initial <u>Follow-up</u> On-Site <u>Off-site</u> Telemedicine	
Referred to: <u>Dr. Bleday, Ortho</u>		Referred by: <u>Dr. Mark Baker</u> Medical Director	
Specialty: <u>MCH Ortho</u>		Appt. Date/Time: <u>10-20-03/1030</u>	
Drug Sensitivity: <u>NKDA</u>		Copies of relevant health information attached: (circle) Yes No	
Reason for Referral/History of Present Illness/Injury: <u>2nd opinion per Dr. C. Frazier, Ortho Rec.</u> <u>Re: @ hipster x brace - persist pain in @</u> <u>injury 3/20/03 @ work</u> <u>- 1944th ny pvt</u>			
Treatment to Date/Current Medications and Significant Medication History: <u>PT, tx, vnk, chd, nsg</u> <u>anabolic steroids, xls</u>			
		<u>Dr. Mark Baker</u> <u>Medical Director</u> <u>9-103</u> Signature of Referring Physician Date	
Reviewed by Medical Director: (Circle) <u>Approval</u> Disapproval		Forwarded to UR (Date):	
Medical Director Signature: _____ Date: _____			
UR Decision: (Circle) <u>Approval</u> Disapproval		Date: _____	
Part B: To be completed by consulting Physician and returned with officer to the facility:			
<u>R shoulder/arm proximal biceps tear</u> <u>Recommend: arthrogram MRI R shoulder</u> <u>surgery: 1 R shoulder arthroscopy</u> <u>2 R shoulder open proximal biceps repair</u> <u>will discuss in R. Blot re: "6-11" orth</u> <u>10-20-03 1135</u> <u>R Bleday MD</u> <u>10-20-03 2:55 PM</u>			
Signature of Medical Director Date/Time		Signature of Consulting Physician Date/Time	

Consultation Record
Commonwealth of Pennsylvania
Department of Corrections
DC-441
(Revised: 6-02)

DB 2
C-3/14/1996
R-6/24/2010

Inmate Name: Mendez, Samuel
Inmate Number: Cy 7322
Dr. Mark Baker
Medical Director
DOB: 3/7/57
EXHIBIT-C.
Facility: Alhambra

(10)



Millcreek
Community
Hospital

EMERGENCY ROOM / OUTPATIENT

MEDICAL RECORDS

AUTHORIZATION ON REVERSE SIDE PAT# 1166923 HOUSE PHYSICIAN: BLEDAY, RAYMOND

LAST NAME	FIRST NAME	MIDDLE NAME	HOME PHONE	DATE AND TIME	EMERGENCY ROOM NO.
MELENDEZ	SAMUEL		756-5778	102803 11:42am	153718
ADDRESS	CITY	STATE	PA 16401	AGE	DATE OF BIRTH
10745 RT 18	ALBION	46	03/07/57	SEX	MAR. STAT.
PATIENT'S EMPLOYER	ADDRESS	COMPENSATION			
GUARANTOR'S EMPLOYER	ADDRESS				
GUARANTOR/NEAREST RELATIVE	ADDRESS	PHONE			
DAVID KRENZELAK GUARDIAN	10745 RT 18 ALBION, PA 16475	756-9722			
SUB NAME & REL. TO PATIENT	CLAIM - CERTIFICATE - I.D. NO. (H.I.C.)	GROUP NAME - NO.	F.C.	INS. CODE	
SUB NAME & REL. TO PATIENT	CLAIM - CERTIFICATE - I.D. NO. (H.I.C.)	GROUP NAME - NO.	F.C.	INS. CODE	
EMERGENCY ROOM	OUTPATIENT	FAMILY PHYSICIAN	BROUGHT BY		
	X	BAKER, MARK D., D.O.	AMBULATORY		
BRIEF HISTORY: CHIEF COMPLAINT: (IF ACCIDENT, STATE WHEN, WHERE, AND HOW INJURED)					

ALLERGIES	LAST TETANUS TOXOID:
NKDA	
MEDICATIONS	
NURSE'S SIGNATURE:	NOTIFIED:
PHYSICIAN'S REPORT	TIME EXAMINED
CONDITION ON ADMISSION:	

PHYSICIAN'S ORDER:

TRAJURED (P) SHOULDER & BUIO OAG 20 to lifting up a wet runner while on the prison medical service

Previous ortho opinion - bicip tear - no functional interference

No pain (P) hand dominant


MEDICATION	AMOUNT	MODE	TIME	BY
RA Shoulder Bleday Series				

TREATMENT/PROCEDURES	TIME	TEMP. R.O.A.	P	R
X-rays Rx: arthrogram MPT				
Recommend Surgical repair				
DIAGNOSIS:				
RX GIVEN				
REFERRED TO:	ADMIT	DR. OFF	TRANSFER	HOME
	EXPIRED	CONDITION ON DISCHARGE:		
	R Bleday MD D.O.	10-28-03 3:00 PM		
FURTHER DISPOSITION	ATTENDING PHYSICIAN	DATE	TIME	

EXHIBIT-D.

(11)

CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) <u>Initial</u> Follow-up On-Site Off-site Telemedicine			
Referred to: <u>Hunt Natl. Ctr.</u>	Referred by: <u>A. M. Baker</u>	Appt. Date/Time: <u>8/16/04 1145 AM</u>			
Specialty: <u>Orthopedic Clinic</u>	Drug Sensitivity: <u>NYA</u>	Copies of relevant health information attached: (circle) <u>Yes</u> No			
Reason for Referral/History of Present Illness/Injury: <u>Right biceps muscle tear on August 17th 1994 - persistent and progressive weakness, pain - work injury lifting; it is @ Hunt Natl. Ctr.</u> <u>@ Solon 4-5-03) TE</u> <u>Mr. [Name] (DOB: 12-16-44) with supraspinatus tendinitis</u>					
Treatment to Date/Current Medications and Significant Medication History: <u>NSAIDs, PT, work therapy, which, significant weight loss, MRI known -</u>					
		<u>A. M. Baker</u>  Signature of Referring Physician Date <u>8/16/04</u>			
Reviewed by Medical Director: (Circle) <u>Approval</u>	Disapproval	Forwarded to UR (Date):			
Medical Director Signature:	Date: <u>8/16/04</u>	<u>8/17/04</u>			
UR Decision: (Circle) <u>Approval</u>	Disapproval	Date: <u>8/17/04</u>			
Part B: To be completed by consulting Physician and returned with officer to the institution: # <u>141946-30</u>					
<u>pt has chronic @ Biceps (long head) rupture</u> <u>to maintain difficult in function</u> <u>No operative treatment would improve results</u> <u>Rec: Occupational therapy for vocational training</u> <u>Follow up - as needed, avoid heavy lifting > 50 lbs</u> <u>8/16/04</u>					
Signature of Medical Director Date/Time		Signature of Consulting Physician Date/Time			

Consultation Record
Commonwealth of Pennsylvania
Department of Corrections
DC-441
(Revised: 1-01)

Inmate Name: James, Samuel
Inmate Number: CY 7322
DOB: 3-7-57
Facility: AM EXHIBIT-E.

C-3/14/1996

R-6/24/2010

(12)

HAMOT MEDICAL CENTER

201 STATE STREET • ERIE, PENNSYLVANIA 16550

ORTHOPEDIC CLINIC NOTE**DATE:****PATIENT NO:****DATE OF BIRTH:** 03/07/1957

HISTORY OF PRESENT ILLNESS: Sam is a 47-year-old patient who is here in our clinic with a complaint of chronic right biceps rupture. He sustained this injury about 2 ½ years ago at work. He was lifting something heavy and felt a snap here. He did not seek any medical attention since that time. He does complain of occasional pain when lifting heavy objects or on forced supination. No other significant history.

At present, he is incarcerated.

PHYSICAL EXAMINATION

EXTREMITIES: There is asymmetry of the right biceps muscle. He does have 4/5 strength in his biceps on elbow flexion and also on supination. You can accentuate asymmetry or deformity with this motion. Other than that, he does not have any other significant injuries.

Neurovascular exam was normal.

LABORATORY & X-RAY DATA: His x-rays are also benign.

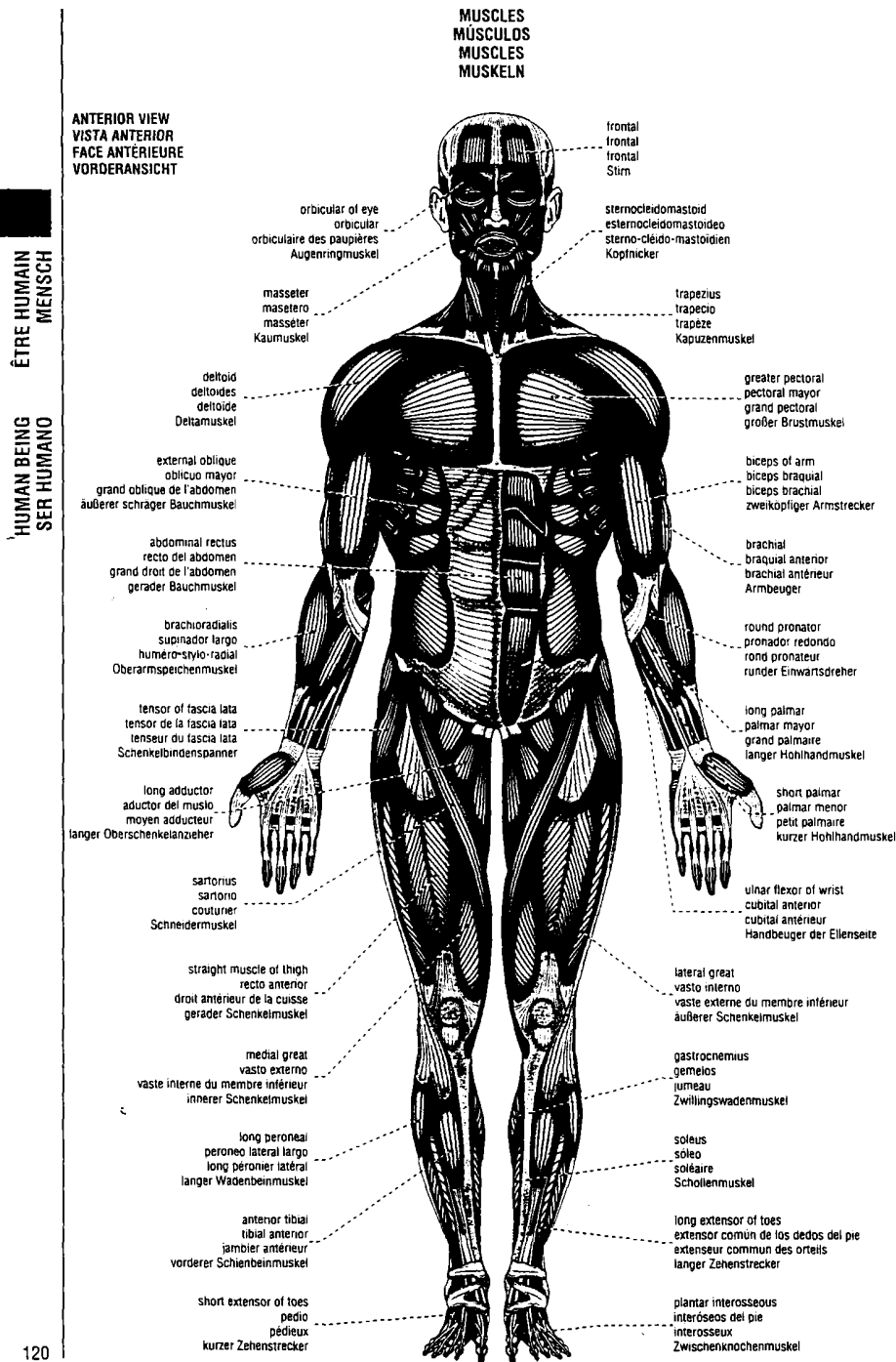
ASSESSMENT: Chronic rupture of the proximal right biceps tendon.

PLAN: The patient was told that at present, he would not benefit from any surgical intervention. We will send him for occupational therapy for occasional training and activity modification. Ansaids p.r.n. Follow up as needed.

PATIENT NAME Mendez, Samuel		DICTATED BY Vivek Sharma, MD		M.R. NO. 51-83-76	ROOM	DISCHARGE DATE
DOCUMENT NUMBER 1154394	DATE DICTATED 09/16/2004	DATE TRANSCRIBED 10/08/2004	TYPE OF REPORT CLINIC NOTE			
			PAGE 1 OF 2			
HAMOT MEDICAL CENTER • 201 State Street • Erie, PA 16550 • 814/877-6000						

ORIGINAL/EXHIBIT-F.

(13)



INTRINSIC MUSCLES

They are divided into:

-Anterior muscles of the arm they include the brachial bicep muscles, the coracobrachial and the anterior brachial;

-Posterior muscles of the forearm: there are 8 and are arranged in 4 consecutive layers. The round pronator makes up the superficial layer with the flexor carpi radialis, the long palmar and with the ulnar flexor of the carpus.

The second layer is made up of the superficial flexor of the fingers (flexor digitorum superficialis) and the flexor longus pollicis

(thumb). The quadratus pronator muscle is found in the deep layer.

-Lateral muscles of the forearm: they are the brachioradial, the extensor carpi radialis longus, and the extensor carpi radialis brevis.

- Posterior

muscles of

the forearm:

there are 9

and they are

arranged on

two layers.

On the

superficial

layer we find

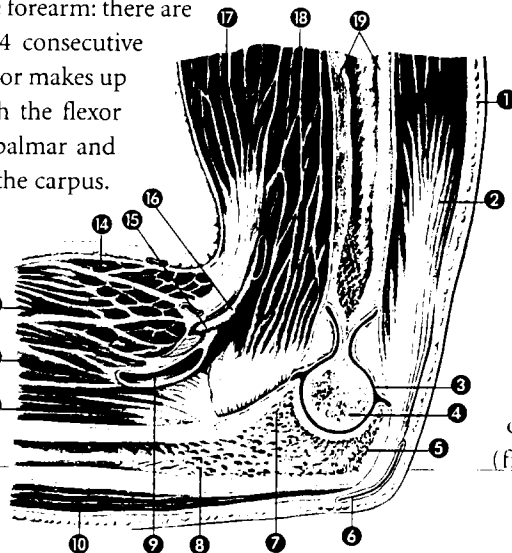
the extensor

digitorum

(fingers), the

extensor digiti minimi, the extensor carpi ulnaris and the anconeus. In the deeper layer, we have the supinator muscles, the longus pollicis adductor, the extensor pollicis brevis and the extensor indicis.

-Muscles of the hand: they are all found on the palmar side of the hand and are divided into three groups: lateral, medial, intermediate ▶ 68-69.

**▲ Section of the elbow**

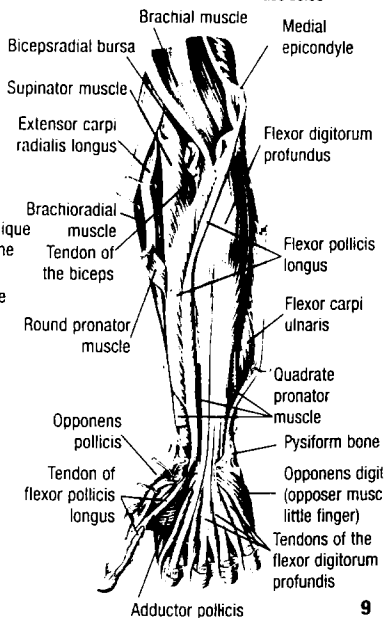
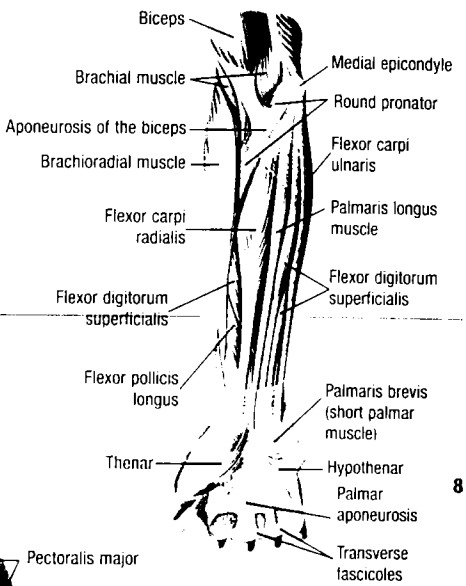
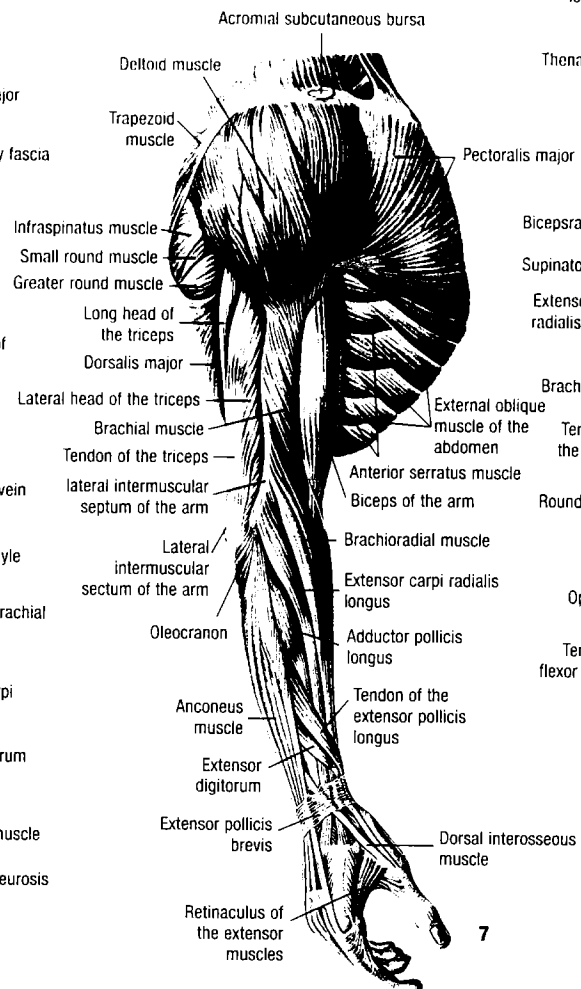
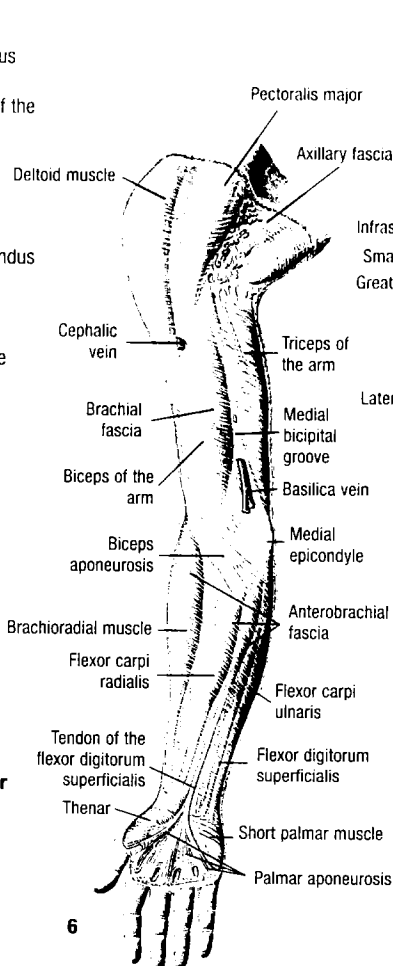
- 1 cutis
- 2 Triceps of the arm
- 3 Articular cavity
- 4 Trochlea of the humerus
- 5 oleocranon
- 6 Subcutaneous bursa of the oleocranon
- 7 Coronoid process
- 8 Ulna
- 9 Ulnar artery
- 10 Extensor carpi ulnaris
- 11 Flexor digitorum profundus
- 12 Flexor digitorum superficialis
- 13 Flexor carpi radialis
- 14 Round pronator muscle
- 15 Radial artery
- 16 Brachial artery
- 17 Biceps of the arm
- 18 Brachial muscle
- 19 Humeri

▲ Muscles of the right shoulder

3. Frontal view, second layer
4. Frontal view, third layer
5. Dorsal view, deep muscles

► Muscles of the upper right arm

6. Internal frontal view of superficial muscles
7. Frontal view, first layer

**▲ Muscles of the internal side of the right forearm**

8. Superficial layer
9. Deep layer

EXHIBIT-H.

(15)